



# WEST GRANTHAM

Church of England Secondary Academy

## MEDICAL INFORMATION AND CONSENT

Full name of child	
Date of birth	
Name of parent/carer	
Address	
Home telephone	
Mobile	
Work	

**We will treat what you tell us here sensitively. None of the information will be shared with other parents or students; the information is only used in case of emergency.**

Medical practice:	
Address:	
Telephone:	

Does your child suffer from any of the following?

Condition	Comments	Medication
Asthma or Bronchitis		
Epilepsy		
Sight or hearing difficulties		
Diabetes		
Heart conditions		
Any other condition we need to be aware of, either medical or physical		

**Any children requiring inhalers must have an inhaler to keep in school and up-to-date medication at all times.**

Does your child take any medication?      Yes ☐      No ☐

If yes, please give details below:

Name of medication	Dosage	Times of day or circumstances in which to be administered	Method of administration	Special precautions/side effects

**Parents must ensure they complete a separate medication form detailing the condition and the amount of medication required. Please obtain this form from the main office when bringing the medication for your child to school.**

**It is important to contact the academy with any changes throughout the year, especially changes to emergency contact numbers, mobile phones, allergies or asthma etc.**

### **Food allergies and intolerances**

Please tick all appropriate boxes:

- ☐ Celery
- ☐ Cereals containing gluten (such as barley and oats)
- ☐ Crustaceans (such as prawns, crabs and lobsters)
- ☐ Eggs
- ☐ Fish
- ☐ Lupin
- ☐ Milk
- ☐ Molluscs (such as mussels and oysters)
- ☐ Mustard
- ☐ Peanuts
- ☐ Sesame
- ☐ Soybeans
- ☐ Sulphur dioxide and sulphites (if at a concentration of more than ten parts per million)
- ☐ Tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

If your child ever been stung by a wasp or bee, please describe the reaction below:

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Has your child been vaccinated for tetanus?

☐ Yes ☐ No

If yes, please provide the date: .....

### **Medical Consent**

Do you agree to your child receiving emergency medical treatment as considered necessary by the medical authorities present?	<b>Yes/No</b>
Do you agree to your child being administered anaesthetic as considered necessary by the medical authorities present?	<b>Yes/No</b>
Do you agree to your child being given a blood transfusion as considered necessary by the medical authorities present?	<b>Yes/No</b>

Signed..... Date: .....  
Parent/Carer

*Please note that this consent will remain in force until your child has left the school unless you rescind it. You have the right to withdraw your consent at any time by contacting the academy either by e-mail to [office@wgacademy.org.uk](mailto:office@wgacademy.org.uk) or telephone to 01476 405200.*